

EXHIBIT C



TR 9721 REV. 2/85

EXHIBIT B

**POST-RETIREMENT COMPANY-PAID SURVIVOR BENEFITS
AND SPOUSE BENEFIT OPTION
SECTION VI OF THE PENSION AND RETIREMENT PLAN
(EFFECTIVE UPON RETIREMENT)**

**EMPLOYEE INFORMATION**

Name	Ronald	J.	Smith	Soc. Sec. No.	162-32-2893
First		Middle	Last		
Birth Date	07-26-43	Month/Day/Year	A.S.D.	06-27-66	Month/Day/Year
Department & Site	Engr		Louvris	Code	85 1080
Marital Status:	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single		Dept.	Site

The following election revokes and supersedes any and all previous elections. Check only one of the boxes below.

I hereby name my spouse, shown below, for the spouse benefit option and the following designated beneficiary(ies) for the Company-paid survivor benefit. I understand that my pension as provided in the Pension and Retirement Plan will be reduced to provide for the spouse benefit option. (Complete spouse information and check the appropriate letter.)

Charlotte D. Smith 235-90-9312

SOC. SEC. NO.

06-27-54
DATE OF BIRTH (SUBMIT PROOF WITH THIS FORM)

(a) Spouse (b) Spouse and all minor children (c) Spouse and minor children as specified (below)

NOTE IF YOU ARE MARRIED AND CHECK THE FOLLOWING BOX, A VALID POST-RETIREMENT SPOUSE WAIVER MUST BE ON FILE OR THE WAIVER CLAUSE AS SHOWN BELOW MUST BE COMPLETED. (FOR RETIREMENTS PRIOR TO JANUARY 1, 1985, A SPOUSE WAIVER IS NOT REQUIRED.)

I hereby decline the spouse benefit option and specify the person(s) named below as beneficiary(ies) to receive Company-paid survivor benefits as provided in the Pension and Retirement Plan. (Check the appropriate letter.)

(a) Spouse (b) Spouse and all minor children (c) Spouse and minor children as specified
(d) Specified minor children (e) Parent or stepparent

SPECIFICATION OF BENEFICIARIES

Use full name. Using maiden name as middle name facilitates identification. Name of female spouse should be written "Mary Smith Jones" not "Mary Helen Jones." Never "Mrs. Henry A. Jones" or "Mrs. H. A. Jones." Proof of date(s) of birth will be required by the Company when application is made for survivor payment.

Charlotte D. Smith

Spouse

235-90-9312

06-27-54

Name

Relationship

Soc. Sec. No.

Date of Birth

Doris E. Ulde
Witness to Employee's Signature
B. M. Ulde

Number

Street

City

State

Zip Code

Ronald Smith
Employee's Signature

Date 11/12/94

Doris E. Ulde
Authorized Signature For E. I. du Pont de Nemours & Company

Date 11/14/94

WAIVER (If waiver completed, only original copy must be notarized.)

I, _____, the participant's spouse, hereby acknowledge that I have read the notification on the reverse side regarding post-retirement survivor benefits under the DuPont Pension and Retirement Plan and consent to waive my right to receive such benefits as the participant's spouse under the Retirement Equity Act. I also understand that my spouse has authority to specify a beneficiary without my knowledge or consent and that I will not receive any benefits under the Plan unless specified as a beneficiary by my spouse.

State of _____

County of _____

Signed and attested before me on

day of _____, 19_____

Signature of Spouse

Notarial Officer Title and Rank

My commission expires

Signature of Notarial Officer

- (a) **Actuarial Assumptions.** The present value of the accrued benefit shall be determined using: (i) an interest rate equal to the rate in effect for deferred annuities prescribed by the Pension Benefit Guaranty Corporation and (ii) the mortality rates provided in the Du Pont Employee, Pensioner and Survivor Mortality Tables.
- (b) **Determination Date.** The determination date for any Plan year shall be December 21st of the preceding Plan year.
- (c) **Valuation date.** The valuation date for any Plan Year shall be June 30th of the preceding Plan Year.
- (d) **Key employees and non-key employees.** In determining which employees are key employees and which are non-key employees, the criteria set forth in Code Section 416 and the regulations thereunder shall be applied.
- (e) **Top heavy ratio.** The top heavy ratio shall be computed in accordance with Code Section 416 and the regulations thereunder.
- (f) **Required and Permissive Aggregation.** For purposes of determining if the Plan is a top-heavy plan for a particular plan year, each tax qualified plan of the Company in which a key employee participates in the plan year containing the determination date, or any of the four preceding plan years, and each other tax qualified plan of the Company which, during this period, enables any plan, in which a key employee participates, to meet the requirements of Section 401(a) (4) or 410 of the Code shall be aggregated within the required aggregation group. All other tax qualified plans which are not required to be aggregated under the previous sentence but that satisfy the requirements of Code section 401(a) (4) and 410 when considered together with the required aggregation group shall also be aggregated.
- (g) **Accrued Benefit.** The accrued benefit of any employee (other than a key employee) shall be determined in accordance with Code Section 416(g)(4)(F).

(6) **Priority of Section 416**

The provisions of this section are intended to comply with Section 416 of the Code with respect to the operation of the Plan as a top-heavy plan. To the extent there is any conflict between this section and the provisions of Section 416 of the Code, the provisions of Section 416 shall be controlling.